



## **Invoice**

**Invoice No:** 252602052

**Patient Name:** Ms. Uma Raman/PW/2526/00144

**Pay Mode:** Card

**Invoice Date:** 06-01-2026

**Doctor:** Dr. Namita Pandey

Sr.No.	TREATMENT	AMOUNT
1	Category E	14000.00
2	Daycare Bed Charges	2000.00
3	Nursing Charges	2000.00
4	Non medical Service MRD charges & Bio Medical Waste	800.00

**Total Amount: 18800.00**

**Less Discount (-): 2400.00**

**Grand Total: 16400.00**

**Received Amount (-): 16400.00**

**Balance Amount: 0.00**

This is a computer generated invoice hence no signature is required